

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

02-RC-261519

Date Filed

06/08/2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Kings Security Services, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1900 Crotona Avenue 1st Floor  
NY Bronx 10457-

**3a. Employer Representative - Name and Title**

Evans Imafidon

**3b. Address (If same as 2b - state same)**

**3c. Tel. No.**

(718) 410-8959

**3d. Cell No.**

(718) 812-9654

**3e. Fax No.**

(347) 431-1212

**3f. E-Mail Address**

evans@kingsecure.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Services

**4b. Principal product or service**  
Security

**5a. City and State where unit is located:**  
Bronx, NY

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
175

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

ASAP

**11c. Election Time(s):**

12 PM

**11d. Election Location(s):**

MAIL BALLOT

**12a. Full Name of Petitioner (including local name and number)**

Harold Getter  
Local 642 Security Allied Federated Employees Union

**12b. Address (street and number, city, state, and ZIP code)**

44 Court Street Suite 1217  
NY BROOKLYN 11201-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

None

**12d. Tel No.**

(917) 902-5658

**12e. Cell No.**

**12f. Fax No.**

(b) (6), (b) (7)(C)

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Stephen Goldblatt Attorney  
Law Office of Stephen Goldblatt

**13b. Address (street and number, city, state, and ZIP code)**

44 Court Street Suite 1217  
NY Brooklyn 11201-

**13c. Tel No.**

(917) 771-8010

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**  
goldblattlegal@gmail.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Stephen Goldblatt

**Signature**

STEPHEN GOLDBLATT

**Title**

Attorney

**Date**

05/29/2020 14:58:19

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full-time & regular part-time security guards employed by the Employer

Employees Excluded

Office clericals and supervisors as defined in ther Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

09-RC-261089

Date Filed

JUNE 1, 2020

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

New CAPS LLC/AEG Presents LLC/AEG Presents Ohio LLC dba Prom

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

4400 Easton Commons Way Suite 125 c/o CT Corporate System  
OH Columbus 43219-

**3a. Employer Representative - Name and Title**

Scott Stienecker

**3b. Address (If same as 2b - state same)**

405 Neil Avenue  
OH Columbus 43215-

**3c. Tel. No.**

(614) 461-5483

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Others

**4b. Principal product or service**

entertainment venue management

**5a. City and State where unit is located:**

Columbus, OH

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

55

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/29/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
6/15 to 6/29

**11c. Election Time(s):**  
mail

**11d. Election Location(s):**  
mail

**12a. Full Name of Petitioner (including local name and number)**

Brian Thomas  
International Alliance of Theatrical Employees (IATSE) Local 12

**12b. Address (street and number, city, state, and ZIP code)**

566 E Rich Street  
OH Columbus 43215-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Alliance of Theatrical Employees (IATSE)

**12d. Tel No.**

(614) 221-3753

**12e. Cell No.**

(614) 560-0579

**12f. Fax No.**

(614) 221-0078

**12g. E-Mail Address**  
businessagent@iatse12.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Cathrine Harshman  
Hunter Carnahan Shoub Byard & Harshman

**13b. Address (street and number, city, state, and ZIP code)**

3360 TREMONT RD SUITE 230  
OH COLUMBUS 43221-

**13c. Tel No.**

(614) 442-5626

**13d. Cell No.**

(614) 668-3606

**13e. Fax No.**

(614) 442-5625

**13f. E-Mail Address**  
charshman@hcands.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Cathrine Harshman

**Signature**

Cathrine Harshman

**Title**

**Date**

05/29/2020 16:41:20

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 09-RC-261089	Date Filed JUNE 1, 2020

#### Employees Included

All stagehand employees performing work in stagecraft, carpentry, electrical, sound, wardrobe, truck loading and unloading, and other related work in Columbus, Ohio.

#### Employees Excluded

All other employees including ticket takers, ushers, office staff and personnel, custodial, operations, concessions, supervisors, security, and other employees excluded by the Act.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 29-RC-261064	Date Filed 5/29/2020
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> St. Charles Hospital	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 200 Belle Terre Road, Port Jefferson, NY 11777
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<b>3a. Employer Representative - Name and Title</b> Maureen Morris, Vice President, Human Resources	<b>3b. Address (if same as 2b - state same)</b> same
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<b>3c. Tel. No.</b> 631-474-6100	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 631-476-5599	<b>3f. E-Mail Address</b> maureen.morris@chsli.org
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> acute care hospital	<b>4b. Principal product or service</b> health care	<b>5a. City and State where unit is located:</b> Port Jefferson, New York
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All full-time and regular part-time, including per-diem*, service employees employed by the Employer at its facility located at 200 Belle Terre Road, Port Jefferson, NY. *Eligible to vote are all employees in the unit who worked an average of at least four (4) hours per week for the 13 weeks preceding the eligibility date. <b>Excluded:</b> All other employees, professional employees, technical employees, skilled maintenance employees, business office clerical employees, confidential employees, guards and supervisors as defined in the Act.	<b>6a. No. of Employees in Unit:</b> approximately 360 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b> None	<b>8b. Address</b>
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> ballots to be mailed June 18, 2020	<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A
<b>12a. Full Name of Petitioner (including local name and number)</b> 1199SEIU United Healthcare Workers East		<b>12b. Address (street and number, city, state, and ZIP code)</b> 100 Duffy Ave, Suite 300W, Hicksville, NY 11801 attn: David Greenberg

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Service Employees International Union

<b>12d. Tel No.</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> davidg@1199.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Kent Y. Hirozawa	<b>13b. Address (street and number, city, state, and ZIP code)</b> Gladstein, Reif & Meginniss, LLP, 39 Broadway, Suite 2430, New York, NY 10006
<b>13c. Tel No.</b> 212-228-7727	<b>13d. Cell No.</b> 212-228-8150 direct
<b>13e. Fax No.</b> 212-228-7654	<b>13f. E-Mail Address</b> khirozawa@gmny.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Kent Y. Hirozawa	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> May 29, 2020
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.